| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003  200.381421048  |  |   |                 |                      |   |                  |          |   |                        |                 |                  |                        |    |
|--|--|---|-----------------|----------------------|---|------------------|----------|---|------------------------|-----------------|------------------|------------------------|----|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                 |                      |   |                  |          | MALL ENTITY OTHER THAN TYPE OR SMALL ENTITY |                        |                 |                  |                        |    |
| TO   | TAL CLAIMS                                     |   | 24              |                      | ·   |                  | RAT      | E   | FEE                    |                 | RATE             | FEE                    | i  |
| FOF  |  |   | NUMBER FILED    |                      | NUMBER EXTRA                                      |                  | BASIC    | FEE   | 385.00                 | OR              | BASIC FEE        | 770.00                 | İ  |
|  | AL CHARGEA                                     | RIE CLAIMS                                | 2 4 _ minus 20= |                      | • 46  |                  | xs       | 9=  |                        | OR              | X\$18=           | 721                    | 5  |
|  |  |   | 2 _ minus 3 =   |                      | . 4   |                  | -        |   |                        |                 | X86=             | 7() (                  |    |
| i  | PENDENT CL                                     |   |                 | ius 3 =              | 10  |                  | X43=     |   |                        | OR              | 7002             |                        |    |
| MUL  | TIPLE DEPEN                                    | DENT CLAIM P                              | RESENT          |                      |   |                  |          | 5=  |                        | OR              | +290=            |                        |    |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |                 |                      |   |                  | TOT      | AL  |                        | OR              | TOTAL            | 848                    | Ø  |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)   |  |   |                 |                      |   |                  | SMA      | ALL   | ENTITY                 | OR              | OTHER<br>SMALL E |                        |    |
| AMENDMENT A  | 11-15-06                                       | (Column 1) CLAIMS REMAINING AFTER         |                 | HIGH<br>NUM<br>PREVI |   | PRESENT<br>EXTRA | RA       | ΓE  | ADDI-<br>TIONAL<br>FEE |                 | RATE             | ADDI-<br>TIONAL<br>FEE |    |
|  | Total  | AMENDMENT                                 | Minus           | **                   | <del>                                      </del> | = ,              | XS       | 9=  |                        | OR              | X\$18=           |                        |    |
|  | Independent                                    | - 7                                       | Minus           | *** /                | ₹—  | -4               | X43=     | 3=  |                        | OR              | X86=             | 800                    |    |
| ₹  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                 |                      |   |                  |          |   |                        |                 | .000             | 000                    | 1. |
|  |  |   |                 |                      |   |                  |          | 5=<br>-                                     |                        | OR              | +290=<br>YOTAL   | VX                     | -  |
|  |  |   |                 |                      |   |                  |          | FEE   |                        | OR              | ADDIT. FEE       | 800                    | 4  |
| (Column 1) (Column 2) (Column 3)   |  |   |                 |                      |   |                  |          |   | .,                     | , \             |                  | ADDI:                  | 4  |
| AMENDMENT B  | ,  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | NUM<br>PREV          | HEST<br>ABER<br>IOUSLY<br>DFOR                    | PRESENT<br>EXTRA | RA       | TE  | ADDI-<br>TIONAL<br>FEE | Ì               | RATE             | HØNAL<br>FEE           | ·  |
| Ž  | Total  | · 24                                      | Minus           | ** A                 | 4   | 8                | F35      | .ο∠<br>•-•                                  |                        | OR              | XX JOY           | ·                      |    |
|  | Independent                                    | . 7                                       | Minus .         |                      | <del></del>                                       |                  | 100      | ्ट्र  | 1                      |                 | ØØØ.00<br>X86=   | \                      | 1  |
| ₹  | FIRST PRESENTATION OF MULTIPLE DEPEND          |   |                 |                      | F CLAIM   |                  | <b>]</b> |   |                        | IO <del>R</del> | /                | \                      | 1  |
|  |  |   |                 |                      |   |                  |          | 5=  |                        | OR              | +290=            | <del>- /-</del>        | 4  |
|  |  |   |                 |                      |   |                  | ADDIT    | OTAL<br>FEE                                 |                        | JØR             | ADDIT. FEE       |                        | ┨  |
|  |  | (Column 1)                                |                 |                      | ımn 2)  | (Column 3)       | _        |   |                        | <i>-</i>        |                  |                        |    |
| o  | `  | CLAIMS<br>REMAINING                       |                 |                      | HEST<br>MBER                                      | PRESENT          |          |   | ADDI-                  |                 | RATE             | ADDI-<br>TIONAL        |    |
| Ę  |  | AFTER<br>AMENDMENT                        | 1               |                      | NOUSLY<br>D FOR                                   | EXTRA            | RA       | 12  | TIONAL<br>FEE          |                 |                  | FEE                    |    |
|  | Total  | •   | Minus           | -                    |   | -                | X\$      | 9=  |                        | OR              | X\$18=           | <u>.</u>               | 1  |
| AMENDMENT C  | Independent                                    | •   | Minus           | ***                  |   | 8                | ]        | <br>3=                                      | <u> </u>               | OR              | X86=             |                        | 1  |
| 12   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                 |                      |   |                  | J        |   | +                      | 1               |                  |                        | 1  |
| +145=  |  |   |                 |                      |   |                  |          |   |                        | OR              |                  | <b> </b>               | 4  |
| High the entry in column 1 is less than the entry in column 2, write "o' in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  THE "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |  |   |                 |                      |   |                  |          |   |                        | OR              | ADDIT. FEE       | <u> </u>               | 4  |
|  |  | umber Previously<br>Inber Previously P    |                 |                      |   |                  |          | the s                                       | ppropriate b           | ex in c         | olumn 1.         |                        | ı  |

Application or Docket Number